

## TEAM REGISTRATION Please Print or Type

Team Name	Division_	
Coach Name	Contact Number (	)
AddressStreet		
E-mail		
Assistant Coach	Contact Number (	)
Fill out the registration form with co	Registration complete information. All players 18 years one ID at check-in. Youth players measuration must be received by Friday,	ears and older must ust present a birth

Registration forms may be downloaded at <a href="https://www.myspar.org">www.myspar.org</a>. Fax (318) 673-7800 or mail completed forms and payment to 7401 Jewella Avenue, Shreveport, La. 71108, ATTN: Sarah

Cashier's check, money orders or checks (business or personal):

Metover.

Make payable to: City of Shreveport-SPAR You must write your driver's license number and expiration date on personal checks!

\*\*Personal Checks must be received by Friday, January 25. 2014.\*\*

General Rules

Tournament information and a complete set of rules will are available online at <a href="https://www.myspar.org">www.myspar.org</a>.

#### \*\*PLAYERS ON A HIGH SCHOOL ROSTER ARE PROHIBITED FROM TOURNAMENT PLAY\*\*

\_\_\_\_\_ (initial) I give the City of Shreveport permission to photograph my child/myself for the purpose of publicizing events and/or programs.

# Martin Luther King Jr

### **Basketball Tournament**

### Team Roster Form

Team Name:		Division:	
	Name	Age	Birth Date
1			
2			
3			
5			
6			
7			
8			
9			
10 11			
12			
13			
14			
15			
16			

\*MAX OF 12 PLAYERS PER ROSTER FOR YOUTH\* **AND** 

\*MAX OF 20 PLAYERS PER ROSTER FOR ADULTS\*